

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM

1020 East Missouri, Phoenix, Arizona 85014
(602) 255-5575 FAX (602) 255-5572

FORM P1

08/99

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____
(Street) (Apt. No.) (City) (State) (Zip)

HOME TELEPHONE NUMBER: _____ SEX: M F BIRTH DATE: _____

EMPLOYER: _____

SOCIAL SECURITY NUMBER: _____ MEMBERSHIP DATE: _____

POSITION OR CLASSIFICATION: _____

MARITAL STATUS: _____

NAME OF SPOUSE: _____ SPOUSE'S BIRTH DATE: _____

NUMBER OF CHILDREN UNDER AGE 18: _____ BIRTH DATE(S): _____

1. Were you previously employed as a police officer or fire fighter in the State of Arizona? Circle Y or N and initial _____

a. PREVIOUS EMPLOYER: _____

b. DATE OF EMPLOYMENT: _____

2. If you indicated "Yes" above, was a refund issued? Circle Y or N and initial _____

3. If a refund was **NOT** issued, the employer and employee **MUST** complete Form P1A, "Request for Transfer".

I declare under penalty of perjury that the above information is true, correct and complete, to the best of my knowledge and belief. (A person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the System with an intent to defraud such System is guilty of a Class 6 felony. A.R.S. Section 38-849.B)

Date

Signature of Employee

(Please complete Beneficiary information on reverse side)

I hereby acknowledge that the Membership Date and Position or Classification information provided by the member above corresponds with the information in our personnel files.

Date Telephone Number Authorized Signature of Employer